



## Capitol Preservation Board

### **EVENT APPLICATION FORM** **PLEASE PROVIDE THE FOLLOWING INFORMATION**

(Please type or print clearly)

Agency or Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Proposed Event/ Exhibit: \_\_\_\_\_

Anticipated Number in Attendance: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Time of Meeting: \_\_\_\_\_

Length of Meeting: \_\_\_\_\_

Room requested: \_\_\_\_\_

#### **SET UP / EQUIPMENT**

Please mark the equipment you will need for your event. Equipment is restricted to the size of the room and availability. Please describe or submit a drawing of the layout/set up for your event. Drawings of most locations are available at the Capitol Preservation Board Office.

<b>EQUIPMENT</b>	<b>NUMBER NEEDED</b>	<b>TOTAL</b>
Chairs		
Risers		
Flags		
Garbage Cans		
Portable PA System (With or with out Microphones)		
Podium with Microphone		
Piano		
Tables		
<b>EQUIPMENT TOTAL</b>		



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### FOOD AND BEVERAGES

I understand all food and beverages must be provided by the Capitol's on-site food service and I will comply. \_\_\_\_\_ (please initial)

Description (refreshments, breaks, snacks, beverages, continental breakfast, breakfast, lunch, buffet, dinner, and all other consumable items.) \_\_\_\_\_

Please call Eurest Dining at (801) 364-2440 for information about food services at the Utah State Capitol Complex.

### I acknowledge as sponsor/ responsible party of this event or exhibit:

I have received a copy of the Capitol Hill Complex Facility Use, Commercial Solicitations and Preservation of Free Speech Activities Rules, have read and understand and will abide by all the provisions, requirements and procedures governing the use of the Capitol Hill Complex. I understand, that among the other requirements of the Rules, that I:

Am responsible for damages incurred as a result of the event

Will pay to have the area used for the event or exhibit restored if damage occurs

You must have this permit with you at all time during your event.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

**Capitol Preservation Board**  
**120 State Capitol**  
**P.O. Box 142110**  
**Salt Lake City, Utah 84114**  
**Phone: 801-538-3074**  
**Fax: 801-538-3221**  
**E-mail: mpoland@utah.gov**



## Capitol Preservation Board

### Approval: (office use only)

_____ Coordinator	_____ Date
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_____ Facilities Manager	_____ Date
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_____ Visitor Services Director	_____ Date
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_____ Executive Director	_____ Date
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Conditions of approval:

\_\_\_\_\_  
\_\_\_\_\_

Denial by Executive Director (see Rule R 131-2-5): \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

\_\_\_\_\_